

**ST-4-X** Amended Metropolitan Pier  
and Exposition Authority Food  
and Beverage Tax Return

REV 01 FORM 038

E S \_\_\_\_/\_\_\_\_/\_\_\_\_  
NS DP CA RC

Do not write above this line.

**Read this information first**

Everyone should complete Parts 1, 2, and 5.

You must also complete

- Part 3 if you believe you have overpaid; and
- Part 4 if you are changing financial information.

**Amount you are paying: \$** \_\_\_\_\_

Make your check payable to "Illinois Department of Revenue."

**Part 1: Identify your business**1 IBT no. \_\_\_\_\_  
Illinois business tax number

2 Liability period being amended \_\_\_\_\_

3 Business name \_\_\_\_\_

☐ "X" **only** if address is **different** from the address on your original return, and complete Item 4 below.4 Mailing address \_\_\_\_\_  
Number and street

City State ZIP

**Part 2: Check the reason you are correcting your return**

1 \_\_\_\_\_ I took a deduction on my original return that was not allowed or was too large.

2 \_\_\_\_\_ I should have taken a deduction or a larger deduction on my original return because I sold food and beverages

a \_\_\_\_\_ to another Illinois business for resale.

(Business' IBT no. \_\_\_\_\_)

b \_\_\_\_\_ to an out-of-state customer, and the sale was in interstate commerce. The merchandise was delivered to a location outside Illinois.

c \_\_\_\_\_ to an exempt organization.

(Tax-exempt no. E- \_\_\_\_\_)

d \_\_\_\_\_ that were returned by my customer.

e \_\_\_\_\_ for another reason. (Please explain.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3 \_\_\_\_\_ I put an amount on the wrong line on either Form ST-4 or Form ST-7.

4 \_\_\_\_\_ I overcollected the MPEA Food and Beverage Tax from my customer.

5 \_\_\_\_\_ I made a computational error.

6 \_\_\_\_\_ The original IBT number was incorrect. The correct IBT number is \_\_\_\_\_.

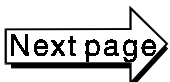
7 \_\_\_\_\_ The original liability period was incorrect. The correct liability period is \_\_\_\_\_.

8 \_\_\_\_\_ Other. (Please explain.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**Part 3: If you are claiming an overpayment, you must answer the following questions**

1 Did you collect the overpaid tax from your customer? \_\_\_\_\_ yes \_\_\_\_\_ no

2 If you answered "yes," did you unconditionally refund the overpaid tax in full? \_\_\_\_\_ yes \_\_\_\_\_ no

**Please turn page over to complete Parts 4 and 5.**

Step 1: Figure the net amount due

1	Write your total MPEA receipts. (Include tax.)	1		1	
2	Write your total deductions.	2		2	
3	Subtract Line 2 from Line 1. This amount is your taxable receipts.	3		3	
4	Multiply Line 3 by 1% (.01). This amount is your tax due on receipts.	4		4	
5	Write the amount of your discount. (See instructions.)	5		5	
6	Subtract Line 5 from Line 4. This amount is your tax due after discount.	6		6	
7	Write any prior overpayment amount you are using.	7		7	
8	Subtract Line 7 from Line 6. This amount is your net tax due.	8		8	

Step 2: Figure your penalty and interest

9	Penalty. (See instructions.)	9		9	
10	Interest. (See instructions.)	10		10	
11	Add Lines 9 and 10. This amount is your total penalty and interest.	11		11	

Step 3: Figure your payment due

12	Write any excess MPEA tax you collected.	12		12	
13	Add Lines 8, 11, and 12. This amount is your total tax, penalty, and interest.	13		13	
14	Write any credit memorandum amount you are using.	14		14	
15	Subtract Line 14 from Line 13. This amount is your payment due.	15		15	
16	Write the total amount you have paid.			16	
17	If Line 16 is greater than Line 15, Column B, write the difference. This is the amount you have <b>overpaid</b> . Go to Part 5.			17	
18	If Line 16 is less than Line 15, Column B, write the difference. This is the amount you have <b>underpaid</b> . Please pay this amount. Go to Part 5.			18	

**Make your check payable to “Illinois Department of Revenue.”**  
Please write the amount you are paying on the line provided on the front of this return.

Part 5: Sign below

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

	(   )   -		
Owner, partner, or officer's signature	Title	Phone	Date
	(   )   -		
Paid preparer's signature	Title	Phone	Date

Mail to:  
  
ILLINOIS DEPARTMENT OF REVENUE  
PO BOX 19034  
SPRINGFIELD IL 62794-9034